COMMONWEALTH OF KENTUCKY CABINET FOR FAMILIES AND CHILDREN DEPARTMENT FOR COMMUNITY BASED SERVICES

TRANSMITTAL MEMORANDUM FOR PRESENTATION SUMMARY

	Case No. County of Service Title IV-E yes no no						
ГО:	(Central Office Adoption Specialist)						
ΓHROUGH:	(0,						
I HKOUGH:	(Supervisor/Manager)				Initials	Date	
		•					
THROUGH:	(Supervisor/Manager)				Ŧ :: 1		
					Initials	Date	
FROM:	(Social Worker) (County)						
					Initials	Date	
SUBJECT: Pi	resentation Summary on: (Child's Nat	me)					
Birthdate or E	xpected Date of Birth: Race	e: Sex:		Date Presentation Sumr	nary Co	mpleted:	
	the original and five (5) copies* of the District Office (optional).	the Presentation Sum	mary P	acket: the original and four	(4) cop	ies for Central Office	
TERMINAT	ON OF PARENTAL RIGHTS	N	AME (OF COURT		DATE OF TPR	
Birth Mother:							
Birth Father:							
Other:		<u> </u>					
The original(s)) with the court-embossed seal show	ald be attached for ea	ach term	ination order.			
PLANS							
Central Office Referral Sibling to be placed together Hospital Placement Foster Parent Referral Counties to be avoided:							
OSICI PAICILI	Counties to	be avoided.					
COMMENTS	· ·			•			
ATTACHME	NTS (Check Appropriate Boxes)					·	
	Transmittal Memo			Child's Developmental Re	cord (D	SS-106A	
	Presentation Summary		_	series)			
	DSS-191 (one for each parent)	· c 10	\vdash	School Records			
u	Birth Verification (VS-26) or Certi	ified Copy of	H	Daily Routine (DSS-892-8			
	Birth Certificate Pirth Information (DSS 105)			Copy of Social Security Card Certified Order Terminating Parental Rights			
	Birth Information (DSS-105) Child's Medical Records (DSS-106)			Disclaimer of Paternity			
	Other Supplemental Medical Infor		Recent Photos of Child (at least 2 b/w, 5 color)				
	immunization record)	`		DSS-192			
Psychological and/or Developmental				Status of Title IV-E and other children's' benefits			
	Assessment			Placement History Log/Pl	acement	Summary from	
· [_]	Child's Profile (DSS-84) TWIST						